

**DEPARTMENT OF FORESTRY AND FIRE PROTECTION (CAL FIRE)
Mandatory Education/Experience Matrix
Forestry and Fire Protection Administrator**

NAME OF COMPETITOR:	COMPETITOR'S CURRENT CLASS TITLE:

EDUCATION/CERTIFICATIONS:

CHECK THE BOX THAT INDICATES THE HIGHEST LEVEL OF EDUCATION COMPLETED. YOU MUST INCLUDE THE NAME OF THE COLLEGE, CORRESPONDING MAJOR, AND COMPLETION DATE. TO RECEIVE CREDIT FOR A COLLEGE DEGREE, YOU MUST HAVE RECEIVED YOUR DIPLOMA FROM AN ACCREDITED INSTITUTION OF POST SECONDARY EDUCATION RECOGNIZED BY THE AMERICAN COUNCIL ON EDUCATION. VERIFICATION OF DEGREE IS REQUIRED AND MUST BE SUBMITTED WITH THIS DOCUMENT. VERIFICATION MUST INCLUDE A COPY OF YOUR DIPLOMA OR TRANSCRIPTS (TRANSCRIPTS MUST INDICATE THAT A DEGREE HAS BEEN ISSUED). IF YOUR DIPLOMA OR TRANSCRIPTS ARE NOT AVAILABLE, YOU MAY PROVIDE A LETTER (ON OFFICIAL LETTERHEAD) FROM THE EDUCATIONAL INSTITUTION SIGNED BY THE DEAN OR REGISTRAR INDICATING COMPLETION OF REQUIREMENTS TO OBTAIN A DEGREE. VERIFICATION MUST INCLUDE YOUR NAME, THE NAME OF THE EDUCATIONAL INSTITUTION, THE CORRESPONDING MAJOR, AND THE COMPLETION DATE.			
<input type="checkbox"/> Bachelor of Arts (BA) / Bachelor of Science (BS) or Higher Degree Name of College: Major: Completion Date:	<input type="checkbox"/> Associate of Arts (AA) / Associate of Science (AS) Name of College: Major: Completion Date:		
CHECK THE BOX(ES) THAT INDICATES THE CERTIFICATION(S) COMPLETED. A CERTIFICATE OF COMPLETION IS REQUIRED AND MUST BE SUBMITTED WITH THIS DOCUMENT.			
<input type="checkbox"/> National Fire Academy Executive Fire Officer Certificate	<input type="checkbox"/> State Fire Marshal Chief Officer Certificate	<input type="checkbox"/> P.O.S.T. Certificate	
CHECK THE BOX(ES) THAT INDICATE THE CAL FIRE INCIDENT COMMAND TEAM ASSIGNMENT(S), AT THE COMMAND AND GENERAL STAFF LEVELS LISTED BELOW, FOR WHICH YOU HAVE OBTAINED CERTIFICATION. TRAINEE STATUS WILL NOT BE COUNTED. YOU MUST INCLUDE THE FROM AND TO DATE(S) AND THE TEAM NUMBER(S) IN WHICH YOU HAVE WORKED IN THAT CAPACITY FOR 12 CONSECUTIVE MONTHS OR MORE IN DURATION BY 4/23/09. IT IS NOT NECESSARY FOR YOU TO PROVIDE VERIFICATION IF YOU CHECKED ANY OF THESE BOXES. VERIFICATION WILL BE HANDLED INTERNALLY THROUGH THE EXAMINATION UNIT.			
<input type="checkbox"/> Incident Commander	From:	To:	Team Number(s):
<input type="checkbox"/> Deputy Incident Commander	From:	To:	Team Number(s):
<input type="checkbox"/> Information Officer	From:	To:	Team Number(s):
<input type="checkbox"/> Liaison Officer/Agency Representative	From:	To:	Team Number(s):
<input type="checkbox"/> Safety Officer	From:	To:	Team Number(s):
<input type="checkbox"/> Finance/Administration Section Chief	From:	To:	Team Number(s):
<input type="checkbox"/> Logistics Section Chief	From:	To:	Team Number(s):
<input type="checkbox"/> Planning Section Chief	From:	To:	Team Number(s):
<input type="checkbox"/> Operations Section Chief	From:	To:	Team Number(s):

(CONTINUED ON REVERSE SIDE)

EXPERIENCE:

PERMANENT, LIMITED-TERM, TEMPORARY AUTHORIZATION (TAU) APPOINTMENTS, OFFICIALLY APPROVED OUT-OF-CLASS (OOC) ASSIGNMENT (VERIFICATION REQUIRED), AND/OR TRAINING AND DEVELOPMENT (T&D) ASSIGNMENT ONLY.
(Include only those assignments of six consecutive months or more in duration by 4/23/09.)

<input type="checkbox"/> OOC ASSIGNMENT(S) (Must be an officially approved OOC assignment – verification required.) Classification: _____ From: _____ To: _____ Classification: _____ From: _____ To: _____					
DEPUTY CHIEF OR ABOVE (Only check applicable box(es) if you are assigned to the program/unit and you performed the duties for the assignments checked below. Supervision of staff performing these duties is not applicable and should not be checked.) (Check location(s) below)		DIVISION CHIEF/FORESTER II (Only check applicable box(es) if you are assigned to the program/unit and you performed the duties for the assignments checked below. Supervision of staff performing these duties is not applicable and should not be checked.) (Check location(s) below)		BATTALION CHIEF/FORESTER I (Only check applicable box(es) if you are assigned to the program/unit and you performed the duties for the assignments checked below. Supervision of staff performing these duties is not applicable and should not be checked.) (Check location(s) below)	
<input type="checkbox"/> Sacramento Region <input type="checkbox"/> CAL FIRE Academy <input type="checkbox"/> Unit(s) List Unit(s): _____ <input type="checkbox"/> Other List location(s): _____		<input type="checkbox"/> Sacramento Region <input type="checkbox"/> CAL FIRE Academy <input type="checkbox"/> Unit(s) List Unit(s): _____ <input type="checkbox"/> Other List location(s): _____		<input type="checkbox"/> Sacramento Region <input type="checkbox"/> CAL FIRE Academy <input type="checkbox"/> Unit(s) List Unit(s): _____ <input type="checkbox"/> Other List location(s): _____	
Please check the box(es) and list the dates (mm/dd/yy) of assignment(s) below as a Deputy Chief or above:		Please check the box(es) and list the dates (mm/dd/yy) of assignment(s) below as a Division Chief/Forester II:		Please check the box(es) and list the dates (mm/dd/yy) of assignment(s) below as a Battalion Chief/Forester I:	
<input type="checkbox"/> Administration (Includes both Schedules A and B) From: _____ To: _____		<input type="checkbox"/> Administration (Includes both Schedules A and B) From: _____ To: _____		<input type="checkbox"/> Administration Schedule A From: _____ To: _____	
				<input type="checkbox"/> Administration Schedule B From: _____ To: _____	
<input type="checkbox"/> Conservation Camp From: _____ To: _____		<input type="checkbox"/> Conservation Camp From: _____ To: _____		<input type="checkbox"/> Air Program From: _____ To: _____	
<input type="checkbox"/> ECC From: _____ To: _____		<input type="checkbox"/> ECC From: _____ To: _____		<input type="checkbox"/> Conservation Camp From: _____ To: _____	
<input type="checkbox"/> Operations From: _____ To: _____		<input type="checkbox"/> Operations From: _____ To: _____		<input type="checkbox"/> ECC From: _____ To: _____	
		<input type="checkbox"/> Pre-Fire Engineering From: _____ To: _____		<input type="checkbox"/> Field Battalion From: _____ To: _____	
<input type="checkbox"/> Prevention From: _____ To: _____		<input type="checkbox"/> Prevention From: _____ To: _____		<input type="checkbox"/> Pre-Fire Engineering From: _____ To: _____	
<input type="checkbox"/> Resource Management From: _____ To: _____		<input type="checkbox"/> Resource Management From: _____ To: _____		<input type="checkbox"/> Prevention From: _____ To: _____	
<input type="checkbox"/> State Forests From: _____ To: _____		<input type="checkbox"/> State Forests From: _____ To: _____		<input type="checkbox"/> Resource Management From: _____ To: _____	
<input type="checkbox"/> Training From: _____ To: _____		<input type="checkbox"/> Training From: _____ To: _____		<input type="checkbox"/> State Forests From: _____ To: _____	
<input type="checkbox"/> Vegetation Management From: _____ To: _____		<input type="checkbox"/> Vegetation Management From: _____ To: _____		<input type="checkbox"/> Training From: _____ To: _____	
<input type="checkbox"/> Other From: _____ To: _____ Title: _____		<input type="checkbox"/> Other From: _____ To: _____ Title: _____		<input type="checkbox"/> Vegetation Management From: _____ To: _____	
<input type="checkbox"/> Other From: _____ To: _____ Title: _____		<input type="checkbox"/> Other From: _____ To: _____ Title: _____		<input type="checkbox"/> Other From: _____ To: _____ Title: _____	
<input type="checkbox"/> Other From: _____ To: _____ Title: _____		<input type="checkbox"/> Other From: _____ To: _____ Title: _____		<input type="checkbox"/> Other From: _____ To: _____ Title: _____	

I certify that all of the information in this matrix is true and correct. I understand this information is subject to verification and I have provided the required documentation as outlined in the enclosed memo. I also understand that I may be required to bring supporting documentation to the Qualifications Appraisal Interview.

Signature: _____

Date: _____